PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where n

appropriate. All further indicated unless correct maintenance fee notifica	correspondence includir ed below or directed oth tions.	ng the Patent, advance onerwise in Block 1, by (a	rders and notification of a) specifying a new cor	f maintenance fees v respondence address	will be i ; and/or	mailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
23505	***						
CONLEY ROS David A. Rose P. O. BOX 3267	I S ac tr	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
HOUSTON, TX 77253-3267							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/590,921 07/05/2007 Simon R. Daniel 1993-01000 4211 TITLE OF INVENTION: WEARABLE MODULAR INTERFACE STRAP							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	12/22/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
ABRAMS, NEIL		2839	439-037000	_			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 CONLEY ROSE, P. C. 2 3				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON ' ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (Cl	patent. If an assign in assignment. TY and STATE OR (COUNT	RY)	ocument has been filed for
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ()3-2769 (enclose an extra copy of this form).				
	ns SMALL ENTITY statu	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
NOTE: The 1ssue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other that Office.	n the applicant; a reg	istered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature	_/Jonathan Pierc	Date September 30, 2009					
Typed or printed nam	_e Jonathan Pierc	Registration No. 42,073					
an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ions for reducing this but/irginia 22313-1450. DC 113-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	1.14. This collection is depending upon the ince Chief Information Off COMPLETED FORMS	estimated to take 12 lividual case. Any co icer, U.S. Patent and TO THIS ADDRES:	minutes omments Tradem S. SENI	to complete, including on the amount of times of the ark Office, U.S. Department of TO: Commissioner for the complete of the c	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. For Patents, P.O. Box 1450,

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.